

**Massachusetts Medical Society**

**PLAN COMPARISON (Blue Cross Blue Shield of Massachusetts)  
For Members Who Are Eligible For Medicare**

Reflects plan changes effective January 1, 2017

	<b>Blue Cross Blue Shield MEDEX SPECIAL</b>	<b>Blue Cross Blue Shield MEDEX STANDARD</b>	<b>Blue Cross Blue Shield MEDEX CORE</b>	<b>Blue Cross Blue Shield Medicare HMO Blue</b>
	<i>Requires</i>	<i>Requires</i>	<i>Requires</i>	<i>Requires</i>
	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>
<b>Quarterly Premium Rate * Per Person</b>	<b>\$2,358.60</b>	<b>\$1,905.33</b>	<b>\$658.74</b>	<b>\$1,165.11</b>
<b>Rates effective:</b>	<b>1/1/17 through 12/31/17</b>	<b>1/1/17 through 12/31/17</b>	<b>1/1/17 through 12/31/17</b>	<b>1/1/17 through 12/31/17</b>
<b>Eligibility Service Area; restricted to residents of:</b>	<b>United States</b>	<b>United States</b>	<b>United States</b>	<b>Certain areas of Massachusetts only</b>
<b>Provider Network</b>	<b>None but must accept Medicare</b>	<b>None but must accept Medicare</b>	<b>None but must accept Medicare</b>	<b>Limited network within Massachusetts</b>
<b>Part A Deductible; \$1316 for 1st 60 days per benefit period in 2017</b>	Covered	Not covered	Not Covered	Covered
<b>Part B Deductible; \$183 for 2017</b>	Covered	Not covered	Not Covered	Covered
<b>Prescription Drugs From Pharmacy (30 day supply)</b>				
Deductible	\$35 per quarter	\$35 per quarter	Not Covered	None
Maximum Benefit	<b>Unlimited</b>	<b>Unlimited</b>	Not Covered	<b>Unlimited</b>
<b>Copay:</b>				
Generic	No copay; 100% coverage	No copay; 100% coverage	Not Covered	\$10
Brand Name	No copay; 80% coverage	No copay; 80% coverage	Not Covered	\$40
"Non-preferred Drug"	N/A	N/A	Not Covered	\$80

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	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>
Rx "Coverage Gap"	None	None	n/a Rx not covered	No gap and reduced copays after \$4,950 out of pocket
<b>Mail Order Service (90 day supply)</b>			Not Covered	
Deductible	None	None	Not Covered	None
<b>Copay:</b>			Not Covered	
Generic	\$2	\$2	Not Covered	\$20
Brand Name	\$15	\$15	Not Covered	\$80
"Non-preferred Drug"	Not covered	Not covered	Not Covered	\$160
Rx "Coverage Gap"	None	None	n/a Rx not covered	No gap and reduced copays after \$4,750 out of pocket
<b>Hospital Services</b>				
Inpatient Coverage	Medicare covers 1st 60 days @ 100%; 61 through 90 except \$283 per day; 91 through 150 except \$566 per day; Medex Special covers balance of days 61 - 150 plus add'l. 365 days	Medicare covers 1st 60 days @ 100%; 61 through 90 except \$283 per day; 91 through 150 except \$566 per day; Medex Standard covers balance of days 61 - 150 plus add'l. 365 days	After Medicare deductible Medicare covers 1st 60 days @100%; 61 through 90 except \$283 per day; 91 through 150 except \$566 per day; Medex Core covers balance of days 61-90 plus add'l. 365 days	Patient pays \$150 per day for 1st 5 days of each benefit period; Medicare HMO Blue covers balance
Outpatient Coverage	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	100% ( \$150 copay for outpatient surgery)
Emergency Room Care	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	\$75 copay (waived if admitted)
Ambulance Service	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	\$100 copay (waived if admitted)

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	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>	<i>Medicare Parts A and B</i>
Diagnostic Tests	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	\$0 copay per day for labs, x-rays, other diagnostic tests except \$100 per day copay for high-tech imaging
Physician Services (including Surgery)	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	100%
<b>Ambulatory Services</b>		Medicare covers 80% * Medex Standard covers 20% *		
Physician Office Visits	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	\$15 copay
Specialist	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	\$30 (w/PCP referral)
Physical Therapy	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	\$15 copay (w/PCP referral)
Chiropractic Services	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	\$30 copay
<b>Preventive Care</b>				
Annual Physical Exam	Not covered	Not covered	Not covered	100%
Annual Mammography/PAP Smear				
Once per three years	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	Medicare covers 80% * Medex Core covers 20% *	100%
Years when no Medicare benefit	Medex covers 100%	Medex covers 100%	Medex covers 100%	100%
Immunizations	Flu & Pneumonia - 100 %	Flu & Pneumonia - 100 %	Flu & Pneumonia - 100 %	100%
<b>Mental Health / Substance Abuse</b>				
<b>Inpatient Coverage</b>				100%

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Lifetime Limit	Medicare covers 190 days; Medex Special coverage varies	Medicare covers 80% * Medex Standard covers 20% *	After Medicare Part A deductible Medicare covers 190 days; Medex Core coverage varies	190 Days Combined
<b>Outpatient Coverage</b>	Medicare covers 50% * Medex Special covers 50%*	Medicare covers 80% * Medex Standard covers 20% *	After Medicare deductible Medicare covers 50% * Medex Core covers 50% *	
Copay	N/A	N/A	N/A	\$30 copay
# of visits	Varies	Varies	Varies	Unlimited
<b>Other Facilities &amp; Services If Medically Necessary</b>				
Hospice Care	100%	100%	100%	100%
Skilled Nursing Facility	Medicare covers 20 days @ 100%, days 21 through 100 except \$144.50 per day Medex Special covers balance of 21-100 then \$10 per day for days 101-365	Medicare covers 20 days @ 100%, days 21 through 100 except \$144.50 per day Medex Standard covers balance of 21-100 then \$10 per day for days 101-365	After Medicare deductible, Medicare covers 20 days @ 100%, days 21 through 100 except \$144.50 per day Medex Core covers balance of 21- 100 then \$10 per day for days 101- 365	\$50 copay per day; day 1-20 \$100 copay per day; day 21-44 \$0 copay per day; day 45-100 per benefit period
Home Health Care	Medicare covers @ 100%	Medicare covers @ 100%	100%	100%
Private Duty Nursing Services	Not covered	Not covered	Not covered	Not covered
Durable Medical Equipment	Medicare covers 1st \$100 @100%, then 80% of balance; Medex Special pays balance	Medicare covers 1st \$100 @100%, then 80% of balance; Medex Standardpays balance	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	100%
Prosthetics	Medicare covers 80% * Medex Special covers 20% *	Medicare covers 80% * Medex Standard covers 20% *	After Medicare deductible Medicare covers 80% * Medex Core covers 20% *	100%
Routine Eye Exams	Not covered	Not covered	Not covered	\$30 copay
Eyeglasses	Not covered	Not covered	Not covered	\$150 per 2 years allowed
Hearing Exams	Not covered	Not covered	Not covered	\$30 copay
Hearing Aids	Not covered	Not covered	Not covered	\$400 allowed per 3 yrs.
<b>Dental Care</b>				
Cleaning, Exam, Bitewing X-Ray	Not covered	Not covered	Not covered	\$30copay
Other dental services	Not covered	Not covered	Not covered	Not covered

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***Please Note: This outline of benefits is intended to be a broad overview and is subject to change. Final determination of covered services and exclusions will be made by Medicare and Blue Cross Blue Shield of Massachusetts***

***Medicare HMO Blue is NOT available to individuals who reside in Massachusetts less than six months per year.***

***Services incurred during travel outside the United States are covered by Medex Special (but NOT covered by Medex Core)***

**Medicare HMO Blue is a "Managed Care" plan that requires you to use participating providers in order to receive benefits. It requires a Primary Care Physician election and authorized referrals to specialists. A restricted number of hospitals and physicians is included in the network. Make sure acceptable Providers participate in the plan before you join.**